

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

344

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Nursing Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GEORGE DUNCAN TAIT.

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Wilhelmina Tait.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased March 17, 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 24 hr. min.

9. Birthplace Scotland.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name George Tait.
13. Birthplace Scotland.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Duncan.
15. Birthplace Scotland.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Tait.
(b) Address 5138 Ridge Ave.

17. (a) Burial (b) Date thereof Jan. 13, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JAN 12 1942 (b) J. Z. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5138 Ridge Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th.
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 16, 1941 to January 11, 1942
that I last saw him alive on January 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 1 day

Due to Arteriosclerosis, generalized

Due to Senility, Hypertension

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joe M. Christen (M. D. or other) 1/12/42
Address 5300th Easton Date signed 1/12/42

Dr. J.M.Orenstein.
5300a Easton Ave.
Hours 2 to 4 P.M.
Telephone Rosedale 1519

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.